



## **NYU Grossman School of Medicine**

# **HOW TELEMEDICINE MAY IMPACT SBI AND TREATMENT FOR ALCOHOL AND DRUG USE IN PRIMARY CARE**

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# Disclosures

- No financial interests to disclose.
- I receive no industry funding.

# Outline

1. How has telehealth increased in response to the COVID-19 pandemic?
2. How does telehealth change delivery of screening and brief intervention (SBI)?
3. What is the potential impact of telehealth on access to substance use treatment?



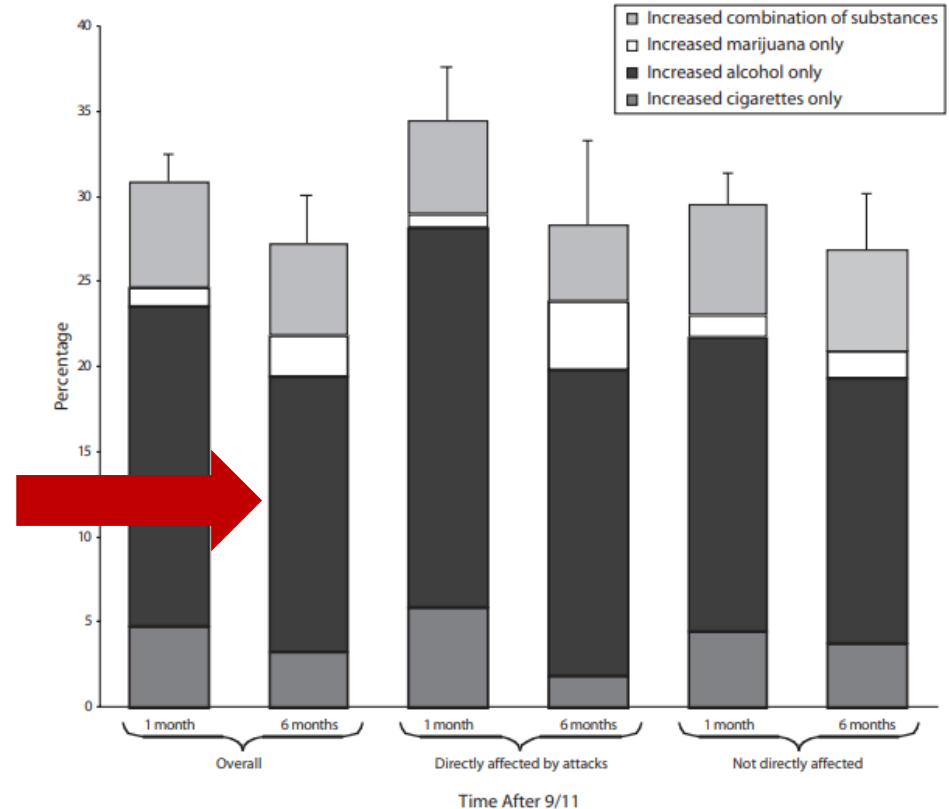
<https://www.newyorker.com/magazine/2020/06/29/the-promise-and-the-peril-of-virtual-health-care>

# Increases in substance use will likely be sustained

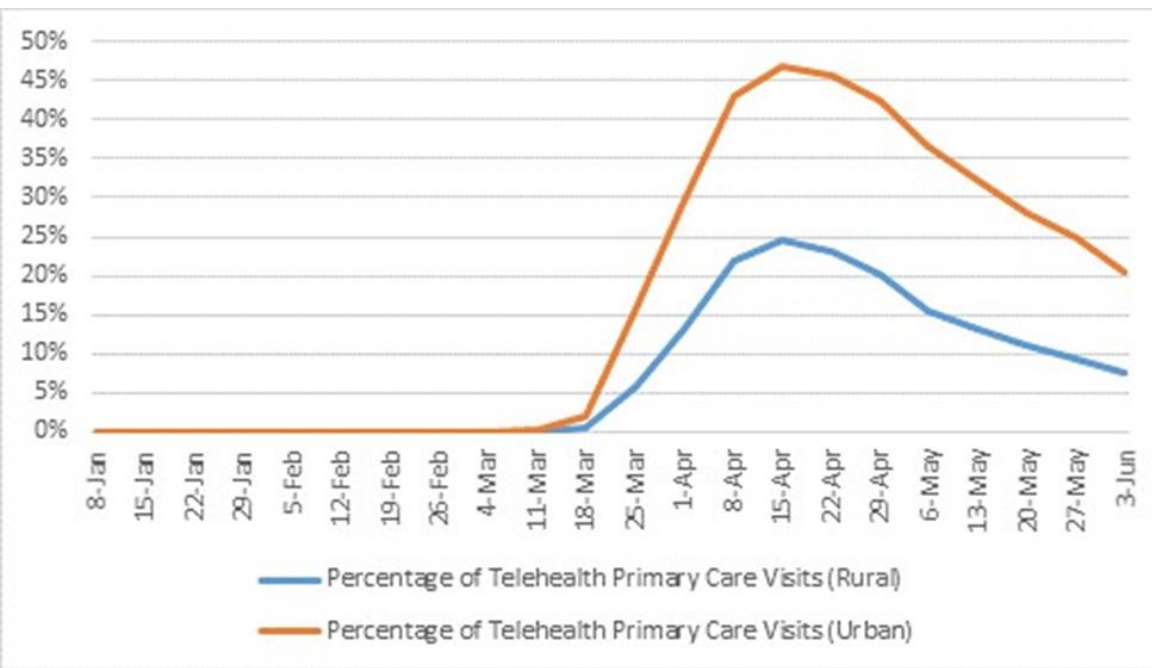
## *Population-based survey in NYC after 9/11*

- 30% increase in tobacco, alcohol, and marijuana use
- Alcohol saw the largest increase
- Increases were sustained 6 months later
- Not confined to populations directly affected by the attacks

Vlahov et al., AJPH 2004  
Sacks et al., AJPM 2015



# Unprecedented increase in primary care telehealth visits in the US

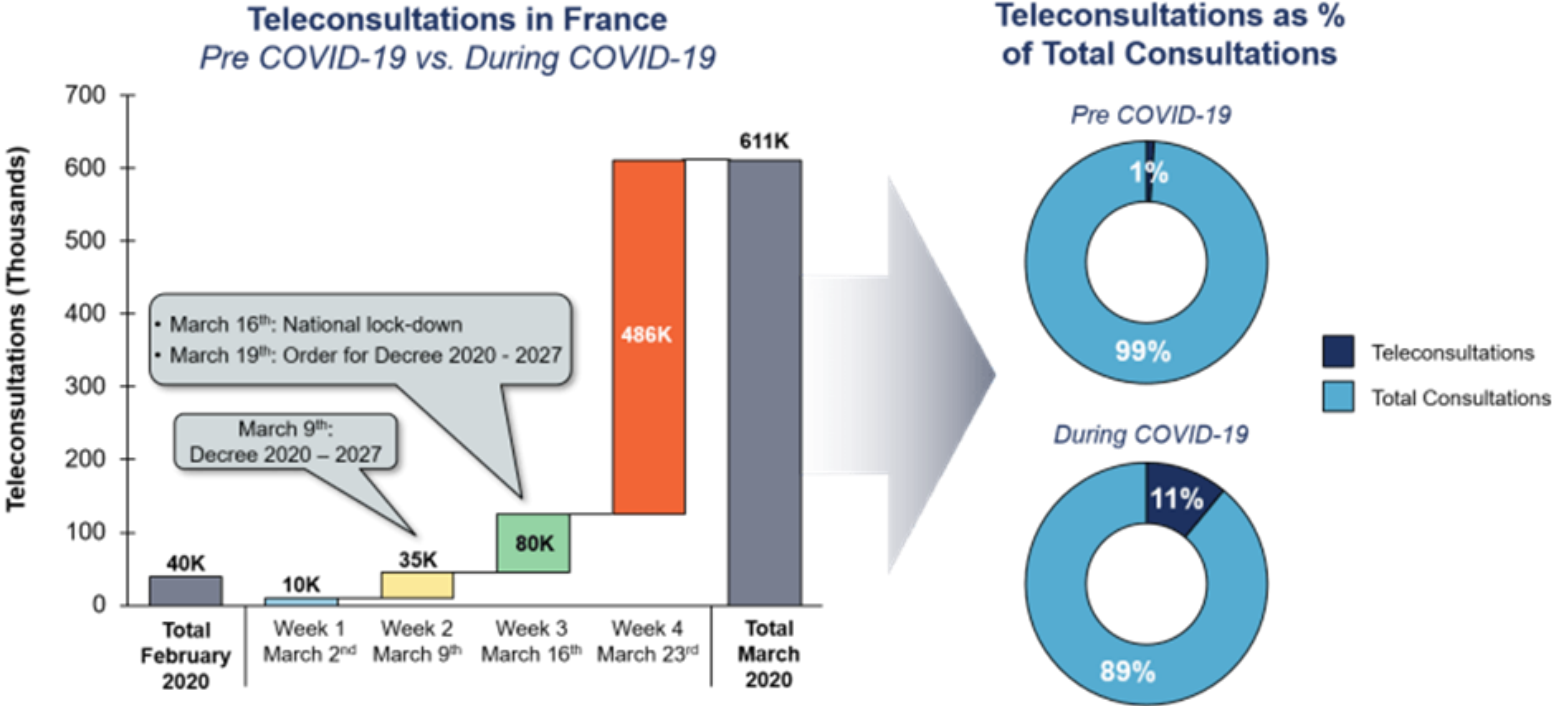


- In February 2020, 0.1% of primary care visits were telemedicine
- By April, increased to **45% of all primary care visits**
- Anticipated to remain at 20-25%

Source: Medicare claims data

DHHS, Assistant Secretary for Planning and Evaluation. Issue Brief, July 28, 2020. <https://aspe.hhs.gov/advances-telehealth-reports>

# Similar pattern of increased telemedicine visits in France



Source: Health Advances analysis, Assurance Maladie 2020, Bloomberg 2020

# Pros and cons of telehealth

## Pros

- Convenience
- Efficiency
- Access to care in rural or underserved areas

## Cons

- Requires access to technology
- Difficult for elderly and vulnerable populations
- Privacy
- Quality of care

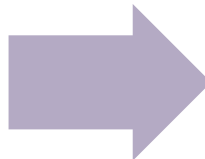


# How does telehealth change the delivery of SBI?

## Screening

### In-person visits

- Medical Assistant
- *OR*
- Waiting room questionnaire



### Telehealth

- Self-administered questionnaires via patient portal
- *OR*
- Asked by medical provider
- *OR*
- Done by Medical Assistant during a pre-visit contact



# Opportunities for screening in telehealth visits

## New workflows are being designed

- Primary care practices will be looking for strategies to incorporate all types of screening (for depression, tobacco, etc.)

## Electronic self-administered screening tools

- Self-administered screening can improve quality
- Alcohol and drug screeners are feasible and validated in this format  
e.g. Single-item screening questions, AUDIT/AUDIT-C, TAPS Tool

## Questionnaires can be administered prior to the visit through patient portals

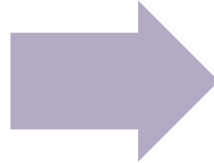
- Integrate results into electronic health records
- Alert PCP and behavioral health providers to positive screens
- In CTN-0062 study, this approach achieved a 95% screening rate

# How does telehealth change the delivery of SBI?

## Brief Intervention

### In-person visits

- Primary care provider
- Behavioral health counselor



### Telehealth

- Primary care provider during visit
- Proactive outreach by telephone counselor
- Integrated w/ care management programs
- On-line intervention

## Opportunities for brief intervention with telehealth

### Patients may be more receptive to brief intervention now

- Problems related to use, difficulty cutting down
- Increased self awareness and family awareness of unhealthy use

### Brief intervention is well suited to telephone counseling

- Behavioral health interventions are frequently delivered by phone
- Frequent brief contacts are important for BI effectiveness, and may be more feasible when done remotely
- Potential for proactive outreach
  - In tobacco interventions, proactive telephone outreach has been effective and well accepted (Fu et al., JAMA Int Med 2014)

### Electronic brief intervention

- Web-based and mobile apps

# How can telehealth change access to treatment for substance use disorders?

- During the COVID-19 surge in NYC, most providers stopped in-person visits, and were closed to new patients
- Working with the NYC public hospital system (Health + Hospitals) we launched the Virtual Buprenorphine Clinic
- Goal = low-threshold access to treatment for any New Yorker with opioid use disorder

NYC  
HEALTH+  
HOSPITALS

BEHAVIORAL  
HEALTH

April 2020

## Virtual Buprenorphine Clinic Taking New Patients



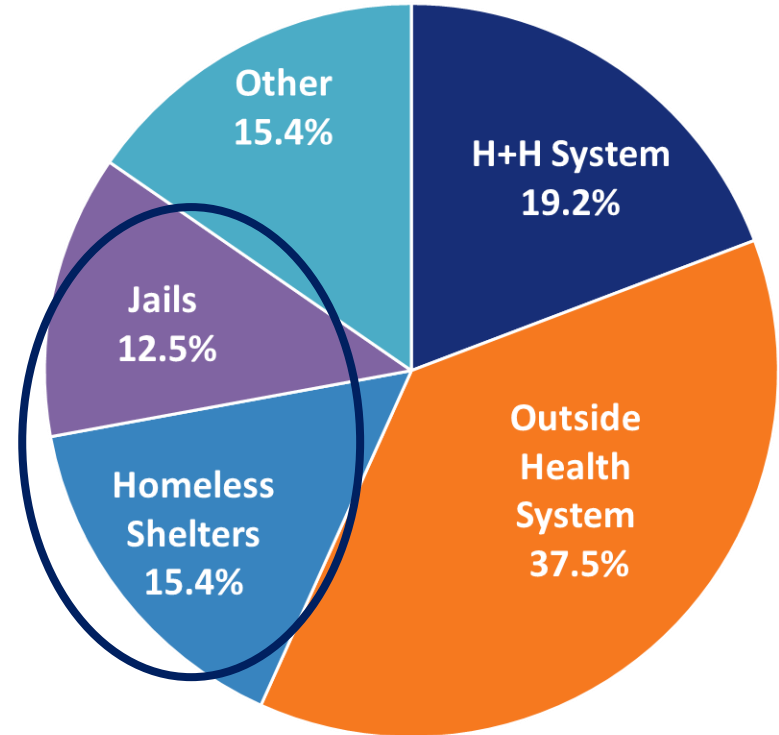
NYC Health + Hospitals is operating a virtual buprenorphine (Suboxone) clinic in response to the COVID-19 emergency.

The clinic serves all NYC residents seeking opioid addiction treatment for **continuation or initiation** of buprenorphine.

# Telehealth rapidly expanded access to treatment for hard to reach populations

- Over 3 months, 104 new patients
- Almost all received medication on the same day they called the clinic
- Came from atypical referral sources, including jail and homeless shelters
- 81% retained in treatment at 2 months (in Virtual Clinic or transferred to long-term provider)

## Referral Source



# Summary

- Telehealth is here to stay
- Could pose new barriers to delivering SBI in health care settings
- Also provides opportunities
  - Lower barriers to receiving care
  - Electronic self-administered screening
  - Telephone counseling, proactive outreach
  - Electronic brief intervention
  - Access to substance use disorder treatment

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# Questions?

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